<u> </u>					•	. •		•	/	101	1783	961
								:]	Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RESO Effective October 1, 2003							ORD		10783967			
CLAIMS AS FILED - PART ((Column 1) (Column 2)									ENTITY	OR		R THAN ENTITY
T	OTAL CLAIMS	3	9			: .	TYPE RATI		FEE	٦	RATE	FEE
FOR			NUMBER	I FILED	NUM	BER EXTRA		BASIC FI	385.00	OR		770.00
TOTAL CHARGEABLE CLAIMS			9 m	inus 20=	•	Ø.	X\$ 9:			OR	X\$18=	
INDEPENDENT CLAIMS -			minus 3 =			1	X43=			OR	X86=	
M	JLTIPLE DEPE	NDENT CLAIM P	IESENT					+145=		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	1	OR	TOTAL	770
CLAIMS AS AMENDED - PART II								CHÁ! I	ENTITY	OR	OTHER SMALL	
	,	(Column 1)_	 	(Colun		(Column 3)	ו	SIMALL	ADDI-	1	SHALL	ADDI-
MTA		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		PATE	TIONAL FEE
AMENDMENT	Total .	• 9	Minus	- 6		- /		X\$ 9=	17	OR	X\$18=	1.
ME	Independent	• /	Minus ••• 3 =			- /		X43=	1/	OR	X86=	/
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	+145=	/		+290=/	
•	(Column 1) (Column 2) (Column 3)						_o L	· TOTAL		OR	TOTAL	,
							A	DOIT, FEE	ـــــــــا ^ي	-·	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST	PRESENT	ΙГ		ADDI-			ADDI-
		AFTER AMENDMENT		PREVIO	USLY	EXTRA	RATE	RATE	TIONAL:	`	RATE	TIONAL FEE
	Total	.17	Minus	- 7	W	-		X\$ 9=		OR	X\$18=	
AME	Independent	• 2	Minus	PENDENT	3	- /		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DOIT. FEE			ADDIT. FEE	·
MEN	`	CLAIMS		HIGHE	ST ER USLY	PRESENT EXTRA			ADDI-			ADDI-
	٠.	REMAINING AFTER AMENDMENT	•	PREVIO PAID F				RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	24 6 24 2	•		X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=	
• 44	thai ambu la aab	na 1 ka kasa shasa sh	anini in net-	ma 2 wite 9	O' in col	umn 3.	Ŀ	+145=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.5" ADDIT, FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
11	nie industriynu	moer Previously Pa	o ror IN I HU:	S STALE IS	The state	1 J, eiker J. hinhael numbar		. In the en	nencials hav	in oak	.ma 1	1